

SERFF Tracking Number: HART-125367356 State: Arkansas
First Filing Company: Hartford Casualty Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: FF.20.001.2008.01
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: WC Form Filing WC 99 00 01 F
Project Name/Number: WC Form Filing WC 99 00 01 F/FF.20.001.2008.01

Filing at a Glance

Companies: Hartford Casualty Insurance Company, Hartford Insurance Company of the Midwest, Hartford Underwriters Insurance Company, Sentinel Insurance Company Limited, Twin City Fire Insurance Company, Hartford Fire Insurance Company, Hartford Accident and Indemnity Company

Product Name: WC Form Filing WC 99 00 01 F SERFF Tr Num: HART-125367356 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 16.0004 Standard WC

Co Tr Num: FF.20.001.2008.01

State Status: Fees verified and received

Filing Type: Form

Co Status: Initial Filing

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Authors: Claire Dubord, David Logan, Sima Nizami, Cheryl Slock, Jean Tenan

Disposition Date: 11/26/2007

Date Submitted: 11/26/2007

Disposition Status: Approved

Effective Date Requested (New): 03/01/2008

Effective Date (New): 03/01/2008

Effective Date Requested (Renewal): 03/01/2008

Effective Date (Renewal):

General Information

Project Name: WC Form Filing WC 99 00 01 F

Project Number: FF.20.001.2008.01

Reference Organization:

Reference Title:

Filing Status Changed: 11/26/2007

State Status Changed: 11/26/2007

Corresponding Filing Tracking Number:

Filing Description:

WC Form Filing - WC 99 00 01 F

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

Sima Nizami, Comm Lines Administrative

snizami@thehartford.com

SERFF Tracking Number:	HART-125367356	State:	Arkansas
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Assistant

Hartford Plaza HO-2-19	(860) 547-7117 [Phone]
Hartford, CT 06115	(860) 547-4849[FAX]

Filing Company Information

Hartford Casualty Insurance Company	CoCode: 29424	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0294398	

Hartford Insurance Company of the Midwest	CoCode: 37478	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1008026	

Hartford Underwriters Insurance Company	CoCode: 30104	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1222527	

Sentinel Insurance Company Limited	CoCode: 11000	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-1552103	

Twin City Fire Insurance Company	CoCode: 29459	State of Domicile: Indiana
Hartford Plaza	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0732738	

Hartford Fire Insurance Company	CoCode: 19682	State of Domicile: Connecticut
Hartford Plaza	Group Code: 91	Company Type:
690 Asylum Avenue		
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0383750	

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Hartford Accident and Indemnity Company	CoCode: 22357	State of Domicile: Connecticut
690 Asylum Ave	Group Code: 91	Company Type: Property
Hartford, CT 06115	Group Name:	State ID Number:
(860) 547-5000 ext. [Phone]	FEIN Number: 06-0383030	

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Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sentinel Insurance Company Limited	\$50.00	11/26/2007	16793193
Hartford Fire Insurance Company	\$0.00	11/26/2007	
Hartford Accident and Indemnity Company	\$0.00	11/26/2007	
Hartford Casualty Insurance Company	\$0.00	11/26/2007	
Twin City Fire Insurance Company	\$0.00	11/26/2007	
Hartford Underwriters Insurance Company	\$0.00	11/26/2007	
Hartford Insurance Company of the Midwest	\$0.00	11/26/2007	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	11/26/2007	11/26/2007

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Disposition

Disposition Date: 11/26/2007
Effective Date (New): 03/01/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory	Approved	Yes
Form	Workers' Compensation and Employers' Liability Policy	Approved	Yes
Form	Signature/Copyright	Approved	Yes

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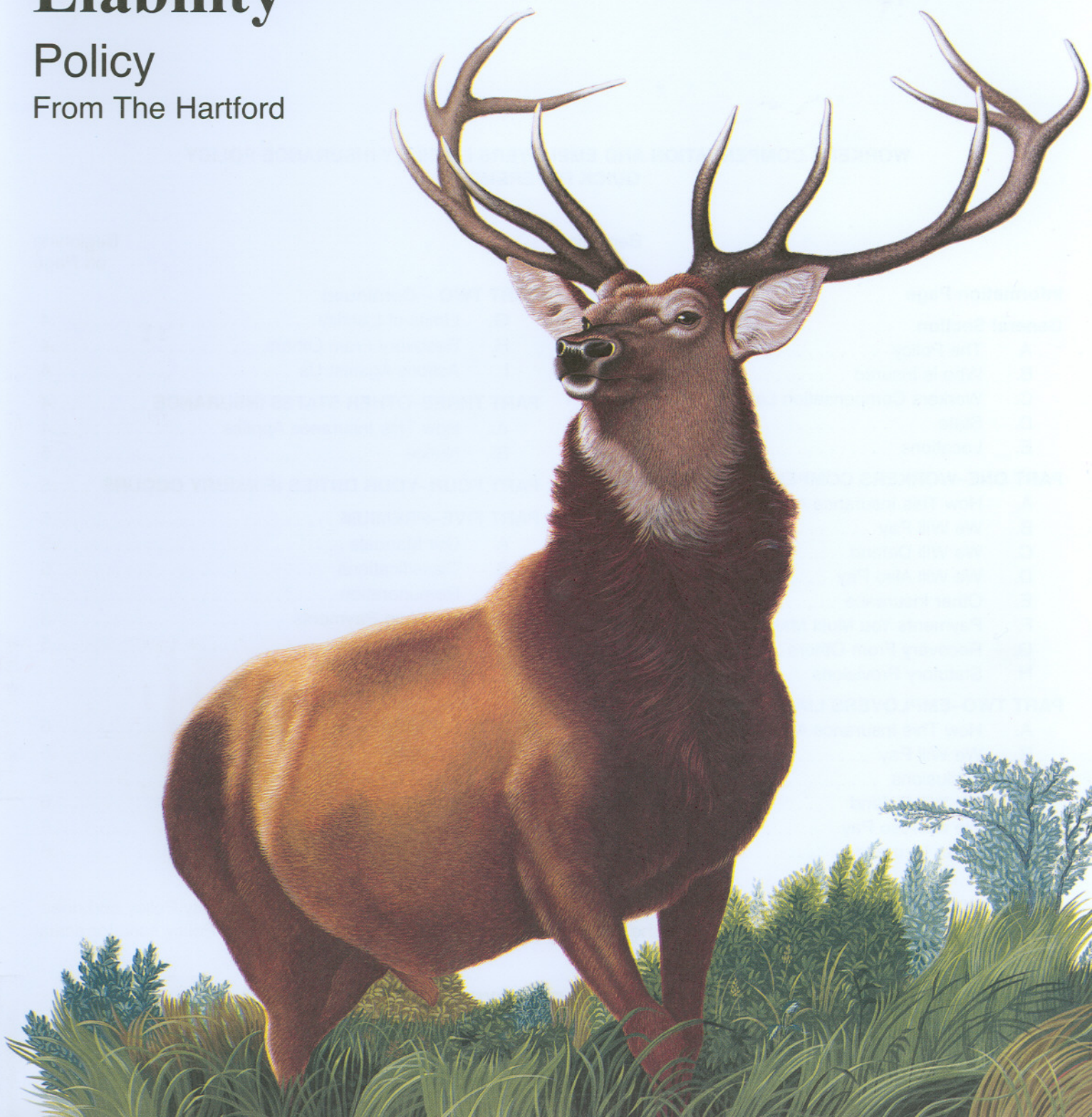
Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Workers' Compensation and Employers' Liability Policy	WC 99 00 01 F		Endorsement/Amendment/Conditions		0.00	WC990001F.pdf
Approved	Signature/Copyright	WC 99 00 01 F		Endorsement/Amendment/Conditions		0.00	WC990001F_SIGNATUR E_COPYRIGHT.pdf

Workers' Compensation and Employers' Liability

Policy

From The Hartford



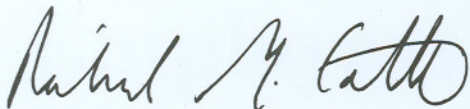
**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY
QUICK REFERENCE**

	Beginning on Page		Beginning on Page
Information Page		PART TWO – Continued	
General Section		G. Limits of Liability	4
A. The Policy	1	H. Recovery From Others	4
B. Who is Insured	1	I. Actions Against Us	4
C. Workers Compensation Law	1	PART THREE—OTHER STATES INSURANCE	4
D. State	1	A. How This Insurance Applies	4
E. Locations	1	B. Notice	5
PART ONE—WORKERS COMPENSATION INSURANCE	1	PART FOUR—YOUR DUTIES IF INJURY OCCURS	5
A. How This Insurance Applies	1	PART FIVE—PREMIUM	5
B. We Will Pay	1	A. Our Manuals	5
C. We Will Defend	1	B. Classifications	5
D. We Will Also Pay	1	C. Remuneration	5
E. Other Insurance	2	D. Premium Payments	5
F. Payments You Must Make	2	E. Final Premium	5
G. Recovery From Others	2	F. Records 6	
H. Statutory Provisions	2	G. Audit 6	
PART TWO—EMPLOYERS LIABILITY INSURANCE	2	PART SIX—CONDITIONS	6
A. How This Insurance Applies	2	A. Inspection	6
B. We Will Pay	3	B. Long Term Policy	6
C. Exclusions	3	C. Transfer of Your Rights and Duties	6
D. We Will Defend	3	D. Cancellations	6
E. We will Also Pay	4	E. Sole Representative	6
F. Other Insurance	4		

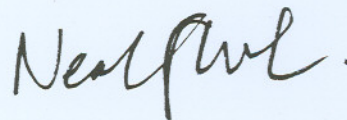
IMPORTANT: This Quick Reference is **not** part of the Workers Compensation and Employers Liability Policy and does **not** provide coverage. Refer to the Workers Compensation and Employers Liability Policy itself for actual contractual provisions.

PLEASE READ THE WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY CAREFULLY.

Our President and Secretary have signed this policy. Where required by law, the Information Page has been countersigned by our duly authorized representative.



Richard G. Costello, *Secretary*



Neal S. Wolin, *President*

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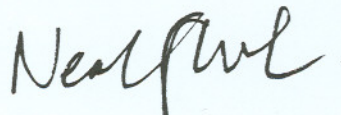


POLICY NUMBER:

Our President and Secretary have signed this policy. Where required by law, the Information Page has been countersigned by our duly authorized representative.



Richard G. Costello, Secretary



Neal S. Wolin, President

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	11/26/2007

Comments:

PC-TD

Attachment:

PCTD1.pdf

		Review Status:	
Satisfied -Name:	Explanatory	Approved	11/26/2007

Comments:

Explanatory WC Form Filing WC 99 00 01 F

Attachment:

explanatorymemo.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td style="width: 70%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #:</td></tr> <tr> <td>h. Subject Codes</td> <td></td> </tr> </table>	a. Date the filing is received:		b. Analyst:		c. Disposition:		d. Date of disposition of the filing:		e. Effective date of filing:		New Business		Renewal Business		f. State Filing #:		g. SERFF Filing #:		h. Subject Codes	
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g. SERFF Filing #:																					
h. Subject Codes																					

3. Group Name	Group NAIC #
Hartford Financial Services Group	00914

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Hartford Fire Ins. Co.	Connecticut	00914-19682	06-0383750	
Hartford Accident & Indemnity Co.	Connecticut	00914-22357	06-0383030	
Hartford Casualty Ins.Co.	Indiana	00914-29424	06-0294398	
Hartford Underwriters Ins. Co.	Connecticut	00914-30104	06-1222527	
Twin City Fire Ins.Co.	Indiana	00914-29459	06-0732738	
Hartford Ins. Co. of the Midwest	Indiana	00914-37478	06-1008026	
Sentinel Insurance Company	Connecticut	00914-11000	06-1552103	

5. Company Tracking Number	FF.20.001.2008.01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Cheryl Slock	Prod Consltn			Cheryl.Slock
	Hartford Plaza, Hartford, CT 06115		860-547-3339	860-547-3519	@TheHartford.com
7.	Signature of authorized filer		<i>Cheryl Slock</i>		
8.	Please print name of authorized filer		Cheryl Slock		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16 - Workers' Compensation /Employers' Liability Ins.
10. Sub-Type of Insurance (Sub-TOI)	None
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	16.004
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 3/1/2008 Renewal: 3/1/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	11/26/2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	FF.20.001.2008.01
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
<p>Reflects new President signature.</p>	

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: EFT Amount: 50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

EXPLANATORY MEMORANDUM

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE

Form WC 99 00 01 F - Policy Jacket. Currently available Form WC 99 00 01 E was revised as follows:

- to reflect new President, Neal S. Wolin.

This form continues to be used with manually issued policies as the jacket into which the appropriate policy provisions, Information Page, and endorsements are inserted for presenting to the insured.


Form WC 99 00 01 F (Signature/Copyright) – Policy Jacket (Signature/Copyright Page).

Currently available Form WC 99 00 01 E (Signature/Copyright) was revised as follows:

- to reflect new President, Neal S. Wolin.

This form continues to be used with automated policies to form the jacket produced by our automated system. The front cover is followed by the signature/copyright page, policy provisions, Information Page, and endorsements, followed by the back cover. This is used for presenting the policy to the insured.

Prepared by:

A handwritten signature in dark ink, reading "Jean M. Tenan". The signature is written in a cursive, flowing style.

Jean Tenan, Product Consultant
Applied Research & Product Development – Technical Services